



SUMMER FUN AT WALDORF

REGISTRATION FORM

(\$200 registration fee due with form, first paid, first enrolled, limited spaces available)

JUNE 11 to JULY 20, 2018 (Summer Program: 8:30am-2:30pm / After Care 2:30pm-5:00pm)

Niu Campus: 350 Ulua Street in Niu Valley • Honolulu, Hawaii 96821

Please submit a separate registration form for EACH student. Please make sure to complete entire form and initial all yellow sections and sign agreement located on page 2. Mail registration form with payment to: Honolulu Waldorf School, Summer Program, 350 Ulua Street, Honolulu, HI 96821.

HWS Office Use ONLY:

PAID: Amount: \$ _____
 Cash Check#: _____ Credit Card #: _____ (Last 4 digits)
 Date Paid: _____ Pymt rec'd by HWS Initials: _____

ADD'L PD: Amount: \$ _____
 Cash Check#: _____ Credit Card #: _____ (Last 4 digits)
 Date Paid: _____ Pymt rec'd by HWS Initials: _____

TB Clearance: Yes Rec'd by HWS Empl. Initials: _____

STUDENT INFORMATION:

Last Name	First Name	Preferred Name/Nickname	Date of Birth	Month / Date / Year	Age	Gender
Current School Name						Grade Attending Next Year
Student's Home Address			Student's Hawaii Address (if home address is NOT in Hawaii)			
Child's Primary Language:		My child speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Beginning Level <input type="checkbox"/> Intermediate Level				
Parent 1/Guardian 1 Last Name	First Name	Home Phone	Cell Phone	Other Phone	Email Address	
Parent 2/Guardian 2 Last Name	First Name	Home Phone	Cell Phone	Other Phone	Email Address	
Preferred Contact: <input type="checkbox"/> Parent 1/Guardian 1 only <input type="checkbox"/> Parent 2/Guardian 2 only <input type="checkbox"/> Both Parent 1/Guardian 1 and Parent 2/Guardian 2				Best U.S. Phone number to reach parent in Emergency:		
I understand that if my child's behavior and/or language is an issue, my child may be asked to leave the program. Parent Initial: _____						
PICK-UP / ADDITIONAL EMERGENCY CONTACTS. PLEASE LIST TWO WITH LOCAL NUMBER: The following people are authorized by parent/guardian to pick up my child and can be contacted in case of emergency if school is unable to reach me:						
Name	Relationship to Student	Local United States Phone Number	Cell Number	Other Number		
Name (other than parent)	Relationship to Student	Local United States Phone Number	Cell Number	Other Number		

SESSION / AFTER CARE CHOICES: Please sign my child up for: *No camp on July 4 Holiday

Six Week Session: ____ (June 11 to July 20)*	Early Bird before April 15: <input type="checkbox"/> \$1800 After April 15: <input type="checkbox"/> \$1950	After Care 6-Week Session (2:30-5:00PM) <input type="checkbox"/> \$500	Forward amounts listed here to <u>payment section.</u> Total \$ _____
Single Week Sessions:	Early Bird before April 15:	Price After April 15:	Single Week After Care
____ June 11 - June 15	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	Aftercare..... <input type="checkbox"/> \$100
____ June 18 - June 22	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	Aftercare..... <input type="checkbox"/> \$100
____ June 25 - June 29	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	Aftercare..... <input type="checkbox"/> \$100
____ July 2 - July 6*	<input type="checkbox"/> \$305	<input type="checkbox"/> \$330	Aftercare..... <input type="checkbox"/> \$100
____ July 9 - July 13	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	Aftercare..... <input type="checkbox"/> \$100
____ July 16 - July 20	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	Aftercare..... <input type="checkbox"/> \$100
			Total \$ _____

PAYMENT SECTION: (Checks payable to Honolulu Waldorf School)

Included with this form is my payment: I have made a FULL PAYMENT or DEPOSIT
 Payment made by: Cash Check Credit Card

\$ _____ \$200 Deposit and Included is a postdated extra check made out for balance due on May 1
 or I will pay school the remaining balance before May 1
 FULL PAYMENT or Please charge remaining balance due to my card on May 1

M/C, Visa or Discover Card Number	Expiration Date MM/YYYY	Billing Zip Code	Note: No refunds after May 15, 2018 Initials: _____
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Please complete backside (page 2)

Student's Full Name: _____

STUDENT HEALTH INFORMATION:

Note: all students attending other schools must submit:

- Physical Health Record Form 14, with physical exam, completed by a U.S. licensed physician
- Current T.B.-Tuberculosis test (done within 12 months prior to starting school in Hawai'i) (Results may be listed on the Form 14, signed by the doctor)
- Immunization Record (may be included on Form 14 – Note: Immunization Exemption for vaccines only is available upon request) (Honolulu Waldorf School students should already have these forms on file at school.)

FOR EMERGENCIES: Any Allergies, Health Conditions or Medications school needs to know about? For ALLERGIES, please note how SEVERE ALLERGY is and symptoms child may have:

Child's Doctor's Name

Doctor's Phone Number

I hereby give my consent for my child's Health Care Provider to share my child's health information with school personnel in an emergency: Initials: _____

I hereby give my consent for Honolulu Waldorf School to obtain emergency medical care, if needed, and agree to pay for all costs of such care: Initials: _____

I hereby agree that if my child has a severe allergy or medical condition, that I have provided the school with any necessary medication, inhalers, or other treatments necessary and have filled out the school's "Administration of Medication and Storage Form" that includes instructions from my child's doctor: Initials: _____

Child's Medical Insurance Company:

Subscriber Name:

Policy/Subscriber Number:

ADDITIONAL AGREEMENTS:

We (parent/s, guardians, and student) agree to abide by all Honolulu Waldorf School (HWS) rules and regulations. Initials: _____

In case of trauma or injury, student may be given the homeopathic medicine: Rescue Remedy Arnica..... Initials: _____

Student may be given: Ibuprofen (Advil) or Acetaminophen (Tylenol):..... Initials: _____

Reasons for administering: headache, migraine, sprain, toothache, muscle ache, cramps, pain. If student is ill with fever or vomiting, no medication will be given and parents will be called to pick-up ill student.

EMERGENCY RELEASE: Permission is granted for _____ to attend the HONOLULU WALDORF SCHOOL SUMMER FUN PROGRAM. Should said student become ill or injured, permission is granted to have said student treated at the nearest available medical facility as determined by emergency or school personnel. I understand that the Honolulu Waldorf School and any of its employees or volunteers will not be held responsible for injury or illness to said child while commuting to and from or attending the school program; and I do hereby, for my heirs, executors, and administrators, release and forever discharge the Honolulu Waldorf School, its agents, employees, and volunteers acting officially or otherwise, from all claims, demands, or causes of action that may occur or arise thereof.

RELEASE AND WAIVER STATEMENT, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION:

In consideration of my/my child's participation in this program I, the undersigned, intending to be legally bound, hereby for myself, my family, my heirs, executors, and administrators, waive and release any and all rights and claims I/my child may have against and agree to hold harmless the Honolulu Waldorf School, its employees, board of trustees, directors and officers, volunteers, representatives, and agents, and, if non-school-approved vehicles are utilized during this program, all the entities above and the Hawai'i Association of Independent Schools, the State of Hawai'i Department of Education and Department of Transportation from any and all liabilities or claims for any and all injury or damage suffered as a result of participation in this program. I/my child hereby assume the risks of participation in this program. I consent to receive and my child to receive and I agree to pay for any medical treatment that may be deemed advisable in the event I/my child suffer any illness or injury during the program.

The Parent/Guardian understands and agrees that attendance at Summer Fun at Honolulu Waldorf School is a privilege.

PHOTO RELEASE: I authorize the HONOLULU WALDORF SCHOOL SUMMER FUN PROGRAM to photograph and/or video tape my child for use in audio, video, film or any other electronic, digital or printed Honolulu Waldorf School media. I agree that video or photographs become the exclusive property of HWS and may be used only by HWS and its staff. It is HWS Summer Fun policy not to directly associate a child's name with a photograph of the child.

Parent 1/Guardian 1 Signature: _____

Date: _____

PRINT Name: _____

Parent 2/Guardian 2 Signature: _____

Date: _____

PRINT Name: _____

SUMMER FUN AT WALDORF Program at our NIU Campus

Early Childhood – Grade 8 (Niu Campus): 350 Uluu Street, Honolulu, Hawaii 96821 • TEL: 808.377.5471 • FAX: 808.373.2040

High School (Makai Campus): 5257 Kalaniana'ole Hwy., Honolulu, Hawaii 96821 • TEL: 808.735.93111 • FAX 808.373.4982

Website: www.honoluluwaldorf.org • email: summer@honoluluwaldorf.org